

[Revised 7/01/02]

**OKLAHOMA MEDICAL RESEARCH FOUNDATION
CLINICAL IMMUNOLOGY LABORATORY**

825 N.E. 13th Street, C-315

Oklahoma City, OK 73104

www.omrf.ouhcs.edu

CAP# 20361-01-01 Lab (405) 271-7771 Billing [405] 271-7395 CLIA#37D0713186

_____	LUPUS SCREEN (Reichlin Profile) [2ml serum]	\$155.00
	Consists of the following:	
_____	ANA on HEP-2 (+ \$20.00 for titer) (86038)	30.00
_____	Anti dsDNA by Crithidia (+ \$20.00 for titer) (86225)	50.00
_____	ENA for SLE, Sjogren's, Myositis, Scleroderma (86235 x8) (Ro, La, Sm, nRNP, P, Jo-1, Mi-2 or PmScl)	75.00

OTHER TESTS

_____	Anti CCP [1 ml serum] (86235)	80.00
_____	Anti Scl-70 [1 ml serum] (86235)	85.00
_____	Anti ssDNA by ELISA [1ml serum] (86226)	75.00
_____	Anti Ribosomal P by ELISA [1ml serum]	75.00
_____	CH-50 Total Hemolytic Complement [1 ml serum frozen] (86162)	50.00
_____	ANCA Profile-includes ANCA by IFA plus [1 ml serum] (86235 x8) PR3 and MPO ELISAS (86255, 86021, 83520)	100.00
_____	Cryoglobulins [2 ml serum, 37 C until separated] (82595)	30.00
	Quantitation and Characterization if positive] (86329)	65.00
_____	Anti Phospholipid Antibody (aPL) by ELISA [1 ml serum]] (86147 x3) (Anti Cardiolipin Antibody)	125.00
_____	Myositis Specific Antibody Profile [2 ml serum] (86235 x12) 12 autoantibody determinations – takes 4-8 weeks	300.00

Specimen Collection Date: _____

Patient Name: _____

LAST

FIRST

MI

Diagnosis: _____ DOB: _____ Sex: _____

Pt Facility #: _____ Ins Pol#: _____

MD Name: _____ Ins Grp#: _____

UPIN: _____ Medicare: _____

Phone: _____ Bill To: _____

Physician/Facility Address

Patient Address

PLEASE SEND COPY OF PT'S INSURANCE CARD IF AVAILABLE!!!